

Issues in access to post-acute care—results of a focus group with hospital discharge planners

ISSUE: How have the prospective payment systems (PPSs) for post-acute care affected the discharge planning process? Do beneficiaries have difficulty accessing post-acute care?

KEY POINTS: As part of our ongoing effort to monitor beneficiaries' access to care and to assess the adequacy of Medicare's payment for skilled nursing facility (SNF) and home health care, we invited fifteen discharge planners from hospitals in fourteen states to participate in a focus group. Participants in the focus group, referred by the American Hospital Association or the Society of Social Work Leadership In Health Care, represented a diverse group of hospitals—both urban and rural facilities, hospitals ranging from 28 to 600 beds, both teaching and non-teaching hospitals, and facilities with and without hospital-based post-acute care. The focus group discussed the impact of the SNF and home health PPSs on the discharge planning process and on beneficiaries' access to post-acute care.

The focus group participants told us that:

- Most beneficiaries can access home health care in urban areas, although they have more difficulty in rural areas. Post-PPS, beneficiaries who have placement with home health agencies (HHAs) delayed at least one day are those who require costly supplies, such as wound care patients, because HHAs are reimbursed the same amount for supplies in a 60-day episode, regardless of patient need for supplies.
- SNF placements are delayed at least one day 5 percent to 25 percent of the time. Under the PPS, patients needing rehabilitation have no difficulty being placed in SNFs because the PPS pays generously for this type of care. In contrast, placement of patients not needing rehabilitation services are often delayed because payments for non-rehabilitation care frequently do not cover SNFs' costs of care. The patients whose placements are most likely to be delayed are those who require costly care, such as those needing dialysis or with wounds requiring wound vacuuming. Some of these patients stay in the hospital for significant period of time.
- They use long-term care hospitals when SNFs will not take patients.
- Some inpatient rehabilitation facilities try to limit admission to patients who will go home after rehabilitation.

Under the hospital PPS, discharge planners have been pressured to discharge patients as quickly as possible. The post-acute care PPSs have resulted in even more pressure on discharge planners for several reasons, some of which are related to payment for post-acute care. The focus group's discussion strongly suggests that the SNF PPS pays too much for patients needing rehabilitation and too little for patients not needing rehabilitation care and implicates the relative weights for the SNF PPS.

ACTION: No decisions are required at this meeting. This document is to inform the Commissioners of our findings from the discharge planner focus group. The results will be incorporated in the March 2003 report in the assessments of payment adequacy for SNFs and home health services and in the general discussion of access.

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